24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Spirit of Democracy America	C C00521211
Check If X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee	
McNally Temple Associates, Inc.	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1817 Capitol Avenue Am	ount
City State Zip Code	19481.49
Sacramento CA 95811	saction ID : PDT.E.18
Purpose of Expenditure Phone Banks Category/ Type 24E Office So	<u> </u>
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Abel Maldonado Check Or	ne: Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disburser 2012	ment For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Dat	te
	M M / D D / Y Y Y Y
Mailing Address	
Am	ount
City State Zip Code	7 7 7
Purpose of Expenditure Category/ Type Office So	ught: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Check Or	ne: Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disburser	ment For: ☐ Primary ☐ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	19481.49
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Thomas W. Hiltachk [Electronically Filed] Date 10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	